10/627,035

	PATENT A	RD		Application or Docket Number 82/29-058										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE	E!		QR.	OTHER SMALL	
TC	TAL CLAIMS		72				1	RATE FEE		FEE	1	RATE	FEE	
FO	R		NUMBER	NUMBER EXTRA				BASIC FEE 375		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			72 minus 20=		.52				x\$ 9= 4468		468	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		•				X42=			OR	X84=	
MU	LTIPLE DEPEN	<u> </u>					+140=			OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							2	ı	TOTA	\L	843		TOTAL	
CLAIMS AS AMENDED - PART II												•	OTHER	THAN
<b> </b>			(Column 2)			Column 3) S			LLI	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO PAID	BER		PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE 1		RATE	ADDI- TIONAL FEE
	Total .	·same	Minus	** ·		=	·		X\$ 9	<b>a</b>		OR	X\$18=	
SE SE	Independent	•	Minus	***		=			X42		7	OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140				+280=	
	• •	•						ı	10			OR	TOTAL	
								,	ADDIT, F			OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur HIGH		(Colu	mn 3)	1		_	4551			4501
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVK PAID	DUSLY	PRES EXT			RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 68	Minus	** ."	72.	-			X\$ 9	=	_ /	OR	X\$18=	
	Independent	• 3	Minus		3_	<u> </u>			X42:	3		OR	X84=	
匚	FIRST PRESE	PENDENT	NT CLAIM			ŀ	+140		/ -		+280=			
								l		īAZ		OR	TOTAL	
		••-	***					ADDIT. F			OR	ADDIT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST											١ ١		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRES			RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		3			X\$ 9			OR	X\$18=	
NE NE	Independent	*	Minus	<b>874</b>		=			X42:				X84=	<b></b>
	FIRST PRESENTATION OF MULTIPLE DEPI				CLAIM			╽╏	746:	$\dashv$		OR	VOAE	
* If the color is colored 4 in loss than the series is solven to such that is solven to												OR	+280=	
-	.* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR  ADDIT. FEE  OR  ADDIT. FEE													
		mber Previously Pa aber Previously Pa									propriate bo			